



**CANDIDATE'S STATEMENT OF ORGANIZATION AND  
DESIGNATION OF PRINCIPAL COMMITTEE OR EXPLORATORY COMMITTEE**

**(CFA-1)**

State Form 4604 (R13/9-10)  
Indiana Election Commission (IC 3-9-1-3; IC 3-9-1-4; IC 3-9-1-5)

**PLEASE TYPE OR PRINT LEGIBLY IN BLACK INK. SEE INSTRUCTIONS ON REVERSE SIDE.**

**FILE NUMBER**

1. IS THIS AN AMENDMENT? ☐ No ☒ Yes If Yes, please enter the file number in this box →

**SECTION A. CANDIDATE INFORMATION: Fill in all applicable boxes as fully and accurately as possible.**

2. Last Name <b>HOGSETT</b>	First Name <b>JOSEPH</b>	Middle Name <b>H.</b>	Nickname <b>JOE</b>	3. Type of Committee (Check one) <input checked="" type="checkbox"/> Candidate's Principal Committee <input type="checkbox"/> Exploratory Committee	
4. Mailing Address <b>133 W. MARKET STREET, 3190</b>			5. FAX (Optional) ( )	6. E-mail Address (Optional) <b>joe@joehogsett.com</b>	
7. City <b>INDIANAPOLIS</b>	State <b>IN</b>	ZIP Code <b>46204</b>	8. County <b>MARION</b>	9. Telephone (Day) <b>(317) 777-4025</b>	10. Telephone (Evening) ( )
11. Party Affiliation <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Libertarian <input type="checkbox"/> Republican <input type="checkbox"/> Other			12. Office Sought (Include district number, if any. Not required for an exploratory committee.) <b>MAYOR OF INDIANAPOLIS</b>		

**SECTION B. COMMITTEE INFORMATION: Fill in all applicable boxes as fully and accurately as possible.**

13. Full Name of Committee (Do not abbreviate) <input type="checkbox"/> Check if this is a new name <b>HOGSETT FOR INDIANAPOLIS</b>					
14. Mailing Address <input type="checkbox"/> Check if this is a new address <b>133 W. MARKET STREET, #190</b>			15. FAX (Optional) ( )		16. E-mail Address (Optional) <b>info@joehogsett.com</b>
17. City <b>INDIANAPOLIS</b>	State <b>IN</b>	ZIP Code <b>46204</b>	18. County <b>MARION</b>	19. Telephone <b>(317) 777-4325</b>	20. Committee Organization Date (MM-DD-YY) <b>08/13/2014</b>
21. Chairperson's Full Name <input type="checkbox"/> Designate Candidate as Chairperson <input type="checkbox"/> Check if this is a new chairperson <b>CORDELIA LEWIS BURKS</b>					
22. Mailing Address <input type="checkbox"/> Check if this is a new address <b>2943 KENWOOD AVE.</b>			23. FAX (Optional) ( )		24. E-mail Address (Optional) <b>clewisburks1237@aol.com</b>
25. City <b>INDIANAPOLIS</b>	State <b>IN</b>	ZIP Code <b>46208</b>	26. County <b>MARION</b>	27. Telephone (Day) <b>(317) 590-6511</b>	28. Telephone (Evening) ( )
29. Bank or Other Depositories (List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.) <b>NATIONAL BANK OF INDIANAPOLIS</b>					
30. Exploratory Committee (Give brief statement explaining purpose of an exploratory committee only.)			31. Salaries and Reimbursements (Will the committee pay the candidate a salary or reimbursement for lost wages? If Yes, attach a copy of the contract.) <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

**SECTION C. APPOINTMENT OF TREASURER (IC 3-9-1-14)**

32. I, as Chairperson of the foregoing committee, appoint the following person as Treasurer of the Committee.			Person Appointed Treasurer <b>TENLEY DRESCHER-RHOADES</b>		Signature of the Committee Chairperson <i>Cordeia Lewis Burks</i>
33. Treasurer's Full Name <input type="checkbox"/> Designate candidate as treasurer <input checked="" type="checkbox"/> Check if this is a new treasurer <b>TENLEY DRESCHER-RHOADES</b>					
34. Mailing Address <input checked="" type="checkbox"/> Check if this is a new address <b>1141 Chessington Rd.</b>			35. FAX (Optional) ( )		36. E-mail Address (Optional) <b>tenley.drescher@gmail.com</b>
37. City <b>Indianapolis</b>	State <b>IN</b>	ZIP Code <b>46260</b>	38. County <b>Marion</b>	39. Telephone (Day) <b>(317) 750-3738</b>	40. Telephone (Evening) <b>(317) 750-3738</b>

**SECTION D. ACCEPTANCE OF APPOINTMENT (IC 3-9-1-15)**

41. I give notice that I accept the duties and responsibilities of Treasurer of this Committee. I am not the chairperson of a campaign finance committee (except as permitted for a candidate committee under IC 3-9-1-7).	Signature of Person Accepting Appointment <i>Tenley Drescher-Rhoades</i>
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**SECTION E. CERTIFICATION OF STATEMENT**

We certify as the candidate and the duly appointed Chairperson of the Committee and that we have examined this statement. To the best of our knowledge and belief it is true, correct and complete.

42. Typed or Printed Name of Chairperson <b>CORDELIA LEWIS BURKS</b>	Signature of Chairperson <i>Cordeia Lewis Burks</i>	Date (MM-DD-YY) <b>11-20-2014</b>
43. Typed or Printed Name of Candidate <b>JOSEPH H. HOGSETT</b>	Signature of Candidate <i>Joe Hogsett</i>	Date (MM-DD-YY) <b>11/20/14</b>

**Warning:** State law requires that any change in this information be reported within 10 days of the change (IC 3-9-1-10). A person who knowingly files a fraudulent report commits a Class D felony (IC 3-14-1-13). A person who fails to file a complete or accurate report as required by the Indiana Campaign Finance Law commits a Class B misdemeanor (IC 3-14-1-14), and may be subject to civil penalties (IC 3-9-4-16, IC 3-9-4-17, and IC 3-9-4-18).

**FOR OFFICE USE ONLY**

**FILED**

**NOV 21 2014**

*Joseph H. Hogsett*